

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V26644

1. Entity Name

ALLIANCE DELIVERY SERVICES, INC.

Principal Place of Business

4340 FORTUNE PLACE
UNIT C
WEST MELBOURNE FL 32904
US

Mailing Address

P O BOX 667
MELBOURNE FL 32902-0667
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3123962

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHADWICK, KEN
626 WAYCROSS RD SW
PALM BAY FL 32908

Name CHADWICK KEN

Street Address (P.O. Box Number is Not Acceptable)
4340-C FORTUNE PLACE

City WEST MELBOURNE

FL

Zip Code 32904

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME CHADWICK, KEN
STREET ADDRESS 626 WAYCROSS RD SW
CITY-ST-ZIP PALM BAY FL ☐ Delete

TITLE P/M
NAME CHADWICK, KEN
STREET ADDRESS 4340-C FORTUNE PL
CITY-ST-ZIP WEST MELBOURNE, FL 32904 ☒ Change ☐ Addition

TITLE V
NAME COLE, DONNA
STREET ADDRESS 4451 ENTERPRISE CT
CITY-ST-ZIP MELBOURNE FL ☐ Delete

TITLE V/D
NAME COLE, DONNA
STREET ADDRESS 4340-C FORTUNE PL.
CITY-ST-ZIP WEST MELBOURNE, FL 32904 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with an otherlike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

321-727-8700

Daytime Phone #

CR2E034 (9/99)